

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

(1) Ronnie Moore 43464-037
(Name of Plaintiff) (Inmate Number)

P.O.Box 1000 Lewisburg, Pa 17837
(Address)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Address)

(Each named party must be numbered,
and all names must be printed or typed)

vs.

3:17-cv-1549
(Case Number)

CIVIL COMPLAINT

(1) Warden David J. Ebbert

(2) Supervisor F.S. P. Ramirez

(3) _____
(Names of Defendants)

**FILED
SCRANTON**

AUG 29 2017

PER Amber
DEPUTY CLERK

TO BE FILED UNDER: 42 U.S.C. § 1983 - STATE OFFICIALS

✓ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

I have never filed any lawsuit in the federal court.

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? Yes No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? Yes No
- C. If your answer to "B" is Yes:
 1. What steps did you take? I have filed the institution Tort Claim from the Administrative Remedy
 2. What was the result? I was offered \$100 but I turned it down because of the severity of the injury of Food Poisoning.
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS

(1) Name of first defendant: Warden David J. Ebbert

Employed as Warden at USP Lewisburg

Mailing address: P.O. Box 1000 Lewisburg, PA 17837

(2) Name of second defendant: Supervisor

Employed as Supervisor at USP Lewisburg

Mailing address: P.O. Box 1000 Lewisburg, PA 17837

(3) Name of third defendant: _____

Employed as _____ at _____

Mailing address: _____

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. This prison is a Super max lock down for Special Management where the Salmonella outbreak occurred and with the warden's permission to contain the outbreak, the institution did nothing within the

three weeks of the triage, so it's very serious to ignore the Salmonella outbreak.

2. Supervisor Ramirez is fully responsible and is very much aware of the outbreak due to the fact that it was his duty to check the food supplies for contamination or any spoiling. Mr. Ramirez knew of the type of outbreak that spoiled food can cause.

3. _____

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I would like to get a trial hearing on this matter as to the medical neglect or to be compensated for the outbreak of this life threatening disease. This matter is very serious and need to be properly scrutinized by the courts.

2. I would like to get a trial hearing on this matter as to the medical neglect or to be compensated for the outbreak of this life threatening disease. This matter is very serious and need to be properly scrutinized by the courts.

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 13 th day of August, 2017.

Ronnie Moore
(Signature of Plaintiff)



Inmate Name: Ronnie Moore
Register Number: 43464-037
United States Penitentiary
P.O. Box 1000
Lewistburg, PA 17837

Legal
Mail

3/4/17

Office of the Clerk
William J. Barr, Federal Building
Abington U.S. Courthouse
235 North Washington Avenue
P.O. Box 1118
Scranton, PA 18501-1148

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